Autumn Care Homes Ltd

Little Oaks

Inspection report

Braxted Road
Little Braxted
Witham
Essex
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Tel: 01621891974

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Little Oaks is a residential care home providing accommodation and personal care to up to 14 people. There were 11 people using the service at the time of the inspection.

People's experience of using this service and what we found
People told us they were safe and well cared for and relatives were complimentary about the care provided.

People were safeguarded from harm. Staff knew how to follow the providers safeguarding process if they were concerned about anyone using the service. Staff were safely recruited with the relevant checks in place.

Risks to people's safety were assessed and staff knew how to report any concerns. There were enough staff available to meet people's needs and staff received an induction and training relevant to their role. Staff told us they felt supported and valued.

Staff followed safe infection prevention and control processes and guidance was available to support staff during the COVID-19 pandemic. People received their medicines as prescribed and staff had received medicines training.

People told us the staff were kind and caring. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Relatives were involved in planning and reviewing people's care and were kept up to date about any changes. Any concerns were responded to promptly by the registered manager. Care plans were written in a person-centred way, however needed some reorganisation.

We have made a recommendation that the provider makes changes to how information is recorded in the care plans so that staff can understand people's up to date needs.

People were well cared for towards and at the end of their life by staff who were respectful and compassionate.

The provider had systems in place to monitor the quality and safety of the service and worked effectively alongside other health professionals to meet people's needs. People and relatives spoke positively about the culture and management of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 23 April 2020).

Why we inspected
This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well led.

Details are in our well led findings below.

Little Oaks

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector and an expert by experience. An expert by experience is someone with personal experience of using or caring for someone who used this type of service.

Service and service type
Little Oaks is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
The inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service and ten relatives about their experience of the care provided. We spoke with three members of staff and the registered manager. We reviewed a range of records. This included three people's care and medicines records, two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service. We received information from a social care professional.

After the inspection
We reviewed all the information the registered manager sent us which included quality audits, survey results and the records of meetings with staff and people who used the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm. The provider had a safeguarding policy in place for staff to follow and the registered manager knew how to report safeguarding concerns appropriately.
- Staff had received safeguarding training and knew how to raise concerns. One member of staff told us, "The signs of abuse can be very subtle. I know people's ways so anything out of the ordinary would worry me and I would report it."

Assessing risk, safety monitoring and management

- People told us they felt safe living at Little Oaks. One person said, "I trust them [staff] to help me." A family member told us, "Yes [relative] is definitely safe, comfortable, and treated well."
- Risks to people's safety had been assessed. These assessments included people's mobility, falls, taking their medicines and dehydration. This information provided staff with how to manage the risks safely.
- Staff knew people's needs well. We observed staff responding to people promptly and supporting them safely.

Staffing and recruitment

- There were enough staff available to meet people's needs. One family member said, "There is always three people on duty. That seems to be adequate, staff work over and above, they cover for each other rather than getting agency in, I have not seen any agency workers at all and this helps [relative] feel safe and secure."
- The provider had carried out relevant recruitment checks prior to staff being employed. The registered manager was reminded about the requirement to have a full employment history documented for all employees. Following the inspection, the registered manager confirmed this was now in place.

Using medicines safely

- People received their medicines as prescribed. Medicines administration records (MAR) were in place and staff had signed to confirm when medicines had been given.
- Staff had received medicines training and their competency to administer medicines had been assessed.
- The registered manager completed regular audits to ensure medicines were being administered safely.

Preventing and controlling infection

- On the day of the inspection, there was an outbreak of COVID-19 at the service. We saw how the service was responding to this outbreak. The registered manager was managing the outbreak effectively using good practice guidance around COVID-19 to protect people and staff. People had agreed to stay in their rooms and had asked relatives not to visit.

● We were assured that the provider was preventing visitors from catching and spreading infections and that shielding and social distancing rules were being met. The provider had good systems in place for facilitating visits with relatives in accordance with the current COVID-19 guidance.
● We were assured that the provider was admitting people safely to the service and that staff were using personal protective equipment (PPE) effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● The provider was promoting safety through the layout and hygiene practices of the premises. The support provided by the local authority with infection control advice was welcomed.
● We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong
● The registered manager had learnt lessons from incidents and concerns. In order to minimise these reoccurring, actions taken had been shared with staff at team meetings and supervision. One example was changing the way staff were trained by using a 'blended learning' programme which was tailor made for every staff member. It was recognised that staff who are supported to establish their own pace of learning are less susceptible to stress and anxiety and more open to learning.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed by the registered manager prior to them receiving care to ensure the service was able to meet their needs.
- The provider had responded to changes in people's needs, adapting their care as appropriate. For example, one person was at risk of spilling drinks on themselves so an alternative was suggested so they could maintain their independence. A family member said, "I was asked about the drinking beaker as [relative] was not safe without a lid with a hot drink. They [staff] are good at coming up with alternatives." Another example was a person who was at risk of falls. Their family member told us, "With my permission, they have put alarms on the chair and bed, any movement staff hear the alarm so can go to them, I am happy about that."
- The provider ensured there were up to date policies and procedures in place to offer guidance for staff and reflect best practice.

Staff support: induction, training, skills and experience

- Staff received an induction when they started. One member of staff told us, "It is quite relaxed, and everyone is friendly. Shadowing is good as you get to know people and their individual ways."
- Staff who did not have any previous experience in care were supported to complete the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff.
- Staff were supported to complete their training, both online and face to face and the system was working well.
- During the pandemic, the registered manager had agreed to support the district nursing service by undertaking checks of blood glucose levels and injections of insulin for people who were diabetic. The district nurses had trained the staff and continued to provide ongoing advice and support.
- Staff told us they felt they had received enough training for their role and supervision was a two-way process. One member of staff said, "We are kept up to date with training, either online or practical, and through the district nurses, have learnt new skills we would not normally have done."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to make choices about what they would like to eat and drink. One person said, "The meals are lovely and well presented. Not too much on the plate which is good." A family member said, "The food always smells lovely, liver and bacon is one of their favourites, got a lovely cook, does fresh food."
- People's care plans contained eating and drinking guidelines and identified any risks or support needed. For example, if someone needed a specialist diet, such as their food prepared in a pureed or textured form, due to the risk of choking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● People were supported to attend a range of healthcare appointments including visiting the GP, dentist, optician and chiropodist. A family member told us, "They [staff] are on top of her medical needs, calling in the GP when needed." Another said, "I am very happy with the home, health wise they are very on the ball with [relative's] care and health."

● The staff had involved healthcare professionals in people's care when appropriate making referrals and seeking advice and guidance to keep people well. Staff gave us examples of regular contact they had with the GP, pharmacy and district nurses in order to get the best care for people.

Adapting service, design, decoration to meet people's needs

● Since the last inspection, the garden had been completed to make it more accessible. The manager's office was in the centre of the service, so they were more available and visible. The conservatory had been turned into a private clean space with a screen for relatives to visit safely during the pandemic.

● The lounge, dining room and corridors were warm, safe and uncluttered. People's bedrooms were personalised to their taste and equipment was positioned for their ease and comfort. A person told us, "I am very comfortable, I have what I need." A family member said, "Since [relative] has been at Little Oaks, it is like a second home, they are caring and thoughtful and [relative] has a nice room on the ground floor."

● The access to the front of the property had been made safer for people using wheelchairs and frames. One relative said, "Recently they [the provider] tidied up the drive, put new doors on, you notice when they have done something, they seem to act on everything very well."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People's capacity to consent had been assessed and, where appropriate, the registered manager had made DoLS applications to the local authority.

● Staff asked people for their consent before offering care and people's care plans contained information about how to support their daily decision making.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and family members spoke positively about the service. One person said, "Lovely people, come when I call, nothing is too much trouble." Another told us, "Through all this COVID stuff, the staff have been marvellous." A family member said, "The staff are definitely caring and compassionate, I ring the bell for them to take [relative] to the toilet and I hear staff talking so nicely, they don't make [relative] feel like they are being a nuisance." Another said, "It is so evident when you speak to the staff and you see and hear how invested they are in people, that is real caring."
- Staff were considerate, kind and responsive in their actions and spoke about people warmly and knowledgably.
- People had input into their care plan including if they preferred male or female staff to care for them. Their dietary, gender, ethnicity and religious beliefs were taken into account.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make decisions about their daily life.
- People were asked if they would mind staying in their rooms due to the outbreak of COVID-19. People told us they had understood and agreed. We observed staff talking with people, knocking on doors when entering, calling their names and offering choice and support. One person told us, "The staff stop and have a chat, even though busy, never too busy."
- Those who could not consent or make their own decisions were supported by staff patiently in the lounge and dining room.
- People's care plans contained information about how to involve them in their day to day care. A family member told us, "I have seen the care plan and been part of that process. I sat down and went through information on my [relative's] life."

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and dignity. We saw staff support a person who was unwell to try to eat a little. They were patient and encouraging.
- People were supported to maintain their independence. One family member told us, "My [relative] likes time alone in their bedroom. Staff try and encourage them to go into the lounge, but staff understand and respect their wishes." Another said, "Staff are always cheerful and polite. [Relative] is starting to recognise staff and they are working on this." A third told us, "Staff, they are all hands on, seem to be very good and very caring, they have got understanding."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The electronic care plan recording system which had been put in place at the last inspection had not proved satisfactory. The service had reverted to paper recording using a new style care plan and information was being updated.
- We saw some care plans which included people's physical and emotional needs, risks, views, wishes and preferences had been recorded and were up to date. However, some care plans did not contain clear guidance about people's needs and information was not always clear and accessible to staff. Some of the files were disorganised, too big to manage and were confusing.

We recommend the provider considers current best practice guidance for the recording of information about people using the service.

- Despite the disorganisation and some gaps in people's care plan documentation, people were supported by staff who knew them well and were able to tell us how they liked to be supported. People's care was person centred and individualised and we saw this in practice during the inspection.
- People and their family members were involved in their care arrangements. One person said, "I am asked about what I want to do and when I want to do it." Another said, "The staff check out things with me. I have given my consent to staff helping me. They are very understanding." One family member told us, "The care plan I was involved in, I don't think it is necessary now as I visit a lot. Staff chat or they send an email. Staff take good care and [staff member's name] is the first to pull me aside when I visit to update me about my [relative]."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's sensory and communication needs had been considered during the assessment process. This included the use of glasses and hearing aids and staff knew people's different ways of expressing their needs.
- Information was provided to people in a way each person could understand. Easy read and large print copies of information was provided as required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

● The staff actively supported people to maintain relationships with their families and friends. The use of technology such as face to face Zoom calls, window visits and safe distance visits using the conservatory provided vital links during the pandemic. The registered manager told us, "One of the nicest things we were able to do was complete our visiting area in time for family members to visit and celebrate one person's 100th birthday after months of lockdown which was very emotional (in a good way) for all."

● People were enabled to take part in important events. The registered manager and another staff member made it possible for a person to go to a family wedding by escorting them to attend. Another staff member assisted one person to attend two weddings virtually using their own phone to face-time family who were there.

● People were able to make choices about how they spent their time and were supported to take part in a range of social and leisure hobbies and interests. One person said, "There is always something going on in the lounge and people to talk to." Another person said, "I like time to myself to be honest and they respect that."

● Family members were very positive about the range of provision for hobbies and interests. Comments included, "[Relative] is included in exercises in chairs, flower arranging and cooking. [Relative] always loved cooking so enjoyed making the sausage rolls, the Easter cakes and mixing up and making things." And, "On their Facebook page you see the pictures of people, and we can see what is going on. It is keeping [relative] mentally active, stimulated and part of a small community."

● The registered manager told us they were lucky that their cook was a trained hairdresser. People's hair and beards were regularly trimmed and styled throughout the pandemic.

Improving care quality in response to complaints or concerns

● Relatives told us they had no concerns or complaints to make about the service. Comments included, "Complaints none, I would go to the manager and they would listen, easy access." And, "No not had to complain, but would call the deputy or manager. I know I would get a good response; I have got nothing negative to say."

End of life care and support

● Systems were in place to support people during the end of their life.

● People 's individual preferences and wishes had been discussed with them and their family and incorporated into their care plan. This included if they wanted to be resuscitated, and any funeral arrangements they wished to share with the service.

● Staff received training in end of life care to enable them to be responsive to people's changing needs at their end of their life. The registered manager told us, "Staff sit with people so that they are not alone. During the pandemic, staff took it on themselves to stay overnight (wanting to do this in their own time) for individuals who otherwise would not have anyone with them, due to their relatives being unwell or unable to be here. This gave comfort to those at the end of their life knowing they had someone with them." One staff member said, "It was a privilege to be with [person's name] when they left us. I won't forget it."

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we recommended the provider support the service in maintaining and building on the progress they have made and to continue to provide regular quality assurance visits to the service. At this inspection, we found the provider had improved their management support of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Improvement had been made to the oversight and support offered to the service by the provider. Most of the planned refurbishment had been completed, including the conservatory, the garden, guttering and the front of the house, which had been paved and made it easier to access the front door and car park.
- Management meetings were held with the provider, registered manager and deputy manager. Discussions and actions were recorded. Increased support for the registered manager was in place and the provider was available and accessible when needed.
- Contingency plans for the safe running of the service in the event of a crisis had been put in place and staff were made aware.
- The registered manager completed a range of weekly and monthly audits to monitor the quality and safety of the service. These included reviews of medicines, environmental safety and accidents and incidents. Checks on care plans were to be included in the auditing process going forward.
- The provider understood their regulatory responsibility to submit notifications to CQC and the registered manager had submitted appropriate notifications when required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager was aware of their responsibility to be honest with people when things went wrong. They undertook investigations if any incidents and accidents happened to try to prevent them happening in the future.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they were happy living at Little Oaks. One person said, "I know the manger here as they come to see me and do some of the caring." Another person said, "The manager is nice, and kind and the staff all work together well, there is a nice atmosphere in the lounge." Family members were also positive about the culture of the service. One relative told us, "It's a real home, not a clinical environment but a home, [relative] feels happy there." Another said, "Atmosphere is fine, only go to front door then to

bedroom, but got no bad vibes. The manager I have easy access to, they are okay, doing a good job."

● The registered manager was open, approachable and reflective and a role model to the staff. The deputy and staff worked well together and worked as a supportive team.

● Staff spoke positively about the support they received from the registered manager. They felt involved in making decisions about the service and were able to give regular feedback via staff meetings and supervisions. One member of staff said, "I can always talk to either of the managers. They listen to my ideas and suggestions and I feel part of everything." Another member of staff said, "It's such a great place to work, you couldn't find better."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● Family members were kept up to date about their relative's health and wellbeing. There was effective communication systems in place to support this.

● The service had ways to engage with people and relatives. There were meetings held before and post COVID-19 and annual surveys sent to people and family members to gather their views of the service. One family member said, "I attended all the feedback meetings before COVID-19 but not since, though there was one, I think. Feedback forms I get quite frequently, after five years it is a bit routine."

● Improvements had been made a result of people's feedback. One person and a family member said about the front of the service, "We have been saying for a while about getting that done." And, "It looks amazing, but it needs someone to maintain the lovely raised beds."

● Staff were fully involved in developing the service, through team meetings, supervision, surveys and sharing ideas and experiences.

Continuous learning and improving care; Working in partnership with others

● The registered manager had developed positive partnership working with other health professionals in order to develop people's care. This included work with occupational therapy, GP surgery and the pharmacy. A good example of joint work was district nurses training staff to take on people's diabetic care during the pandemic. This arrangement has worked well and is continuing.

● The registered manager told us they planned to improve the service. Future developments had been agreed such as supporting staff to complete advanced training, the cook being offered a patisserie course to develop their cake making skills, and applying for the Gold Standard Framework in end of life care to have their practice in this area of care recognised.